

01/16/02

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small>		Attorney Docket No.	3033.1000-000
		First Named Inventor or Application Identifier	Darrell H. Carney
		Express Mail Label No.	EL928149341 US
Title of Invention	Methods of Therapy with Thrombin Derived Peptides		
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231	
1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i>		6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
2. <input checked="" type="checkbox"/> Specification Total Pages [24] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings <i>(if filed)</i>- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets [2] <input checked="" type="checkbox"/> Fig. of the Drawings for Publication [3] <input type="checkbox"/> No Figure to be Published		b. <input type="checkbox"/> Paper Copy (identical to computer copy) [] Pages	
4. <input type="checkbox"/> Oath or Declaration Total Pages [] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i><ul style="list-style-type: none">i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b).		c. <input type="checkbox"/> Statements verifying identity of above copies	
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>			
ACCOMPANYING APPLICATION PARTS			
7. <input type="checkbox"/> Assignment Papers (cover sheet & documents) <input checked="" type="checkbox"/> Assignee - Univ. of Texas System, Board of Regents Austin, Texas 78701			
8. <input type="checkbox"/> Power of Attorney [] 37 C.F.R. 3.73(b) Statement			
9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>			
10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [] Copies of IDS Citations			
11. <input type="checkbox"/> Preliminary Amendment			
12. <input checked="" type="checkbox"/> Return Receipt Postcard			
13. <input type="checkbox"/> Small Entity Statement(s)			
14a. <input type="checkbox"/> Foreign Priority Claim under 35 U.S.C. §119 or 365			
14b. <input type="checkbox"/> Certified Copy of Priority Document(s)			
15. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i>			
16. <input checked="" type="checkbox"/> Other <u>Remarks Letter</u>			
17. If a CONTINUING APPLICATION , check appropriate box; supply the requisite information. <input checked="" type="checkbox"/> Continuation [] Divisional [] Continuation-in-part (CIP) of prior application No.: 09/904,090 Prior application information: Examiner: Not Assigned Group Art Unit: 1646 The entire disclosure of the prior application is considered a part of the disclosure of the accompanying application and is hereby incorporated by reference. <i>(Add standard Related Applications section with incorporation by reference to specification or update same)</i>			
18. CORRESPONDENCE ADDRESS			
NAME		Customer No. 021005	
		HAMILTON, BROOK, SMITH & REYNOLDS, P.C.	
ADDRESS		530 Virginia Road, P.O. Box 9133	
CITY	Concord	STATE	MA
COUNTRY	USA	TELEPHONE	(978) 341-0036
		ZIP CODE	01742-9133
		FAX	(978) 341-0136
Signature		Date	
Submitted by Typed or Printed Name		Reg. Number	
Linda M. Chinn		31,240	